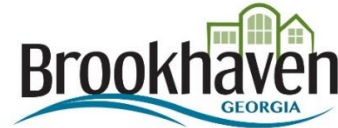


Film Production Permit Application



4362 Peachtree Rd NE, Brookhaven GA 30319
(404) 637-0500 • Fax (404) 637-0501 www.brookhavenga.gov

Production Information

Production Title:

Type of Production:

- ☐ Commercial Motion Picture ☐ Corporate Video ☐ Documentary ☐ Feature Film ☐ Music Video
☐ Photography ☐ TV Commercial ☐ TV Series ☐ TV Program ☐ TV Movie
☐ Student Project ☐ Other -

Description:

Location(s):

- ☐ Commercial Location ☐ Residential Location ☐ Other -

Note: If your Film Production occurs at a residential location and contains any of the 4 listed items below, a meeting with the City of Brookhaven is required a minimum of one week in advance before your application can be accepted and processed.

- 1) **Film Prep, Filming, and Clean up in total that last 3 or more days**
- 2) **Outdoor Filming**
- 3) **Full and/or Partial Lane and Street Closures**
- 4) **Requested Variances to any City code**

Film Prep: Dates - Hours -

Filming: Dates - Hours -

Clean-Up/Close-Out: Dates - Hours -

Vehicles: Number - Dates - Hours -

Number of Personnel: Crew - Cast - Models - Extras - Total -

Uses:

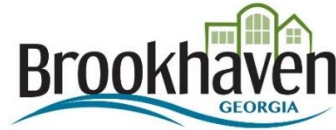
- ☐ Street Closure ☐ Lane Closure ☐ Camera on Street ☐ Camera on Curb
☐ Camera on Sidewalk ☐ Drive Shots of Car ☐ Drive with Flow of Traffic ☐ Tow Shots
☐ Smoke/Fire/Other Pyro ☐ Other -

Please provide detailed description for all uses checked above:

Services Required:

- ☐ City Police ☐ City Fire Marshal ☐ Transportation ☐ Other -

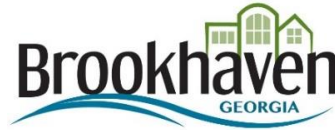
Location/Site Manager Affidavit



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Contact Information	Production Company:
	Company Address:
	Phone: Fax:
	Location/Site Manager:
	Cell: E-mail:
	Assistant Location/Site Manager:
	Cell: E-mail:
	Email:
Location/Site Manager	<p>I hereby agree that as a condition to the issuance of a Film Production Permit, the Location/Site Manager shall indemnify and hold the City harmless from claims, demand or cause of action which may arise from activities associated with the event.</p> <p>I hereby solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made by me to the questions in this application for a Film Production Permit, are true, and no false or fraudulent statement or answer is made herein to procure the granting of such permit.</p> <p>I hereby certify that the staging area plan and description provided will be constructed and/or used in accordance with all applicable zoning ordinances and laws governing the City of Brookhaven, Georgia.</p> <p>I hereby state and understand that should a complaint be filed against the Location/Site Manager for violation of any regulation associated with the application for the Film Production Permit, the permit issued for the event will immediately become void and will not reissue for the same location.</p>
	Location/Site Manager's Signature: _____
	Sworn and Attested before me on this _____ day of _____, 20_____.
	Notary Signature: _____
Property Owner	Property Owner's Signature: _____
	Sworn and Attested before me on this _____ day of _____, 20_____.
	Notary Signature: _____

Notification of Temporary Street Closure



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Neighborhood and community outreach is required for all Film Production Permits. At minimum, the City of Brookhaven requires that all affected residents/businesses both on and adjacent to a proposed street closure be notified of such 7 days prior to the proposed Film Production. The City will provide the list of affected property owners to the location/site manager and the location/site manager will be required to send a notification letter and obtain signatures from each owner on the form below. When sending the notification letter and obtaining signatures, the event producer must provide the property owners a copy of the proposed street closure map. Additionally, notification signs may be required at the production company's expense in the neighborhood during the street closure for traffic routing purposes.

SAMPLE NOTIFICATION LETTER

NOTIFICATION OF TEMPORARY STREET CLOSURE

PRODUCTION TITLE: [Name of Production]
LOCATION: [Location of Film Production] See attached Street Closure map.
DATE(s): [Date(s) of Film Production Impact]
TIME(s): [Time(s) of Film Production Impact]
PRODUCTION COMPANY: [Production Company Name]
LOCATION/SITE MANAGER: [Name], [cellular number]

On [Date], our organization [Name] will be producing a film production in your neighborhood called [Production Title]. [Production Title] will include a temporary street closure and the City of Brookhaven requires early notification to affected property owners. We are thrilled to be guests in your neighborhood and it's important to us that we are communicating clearly with you, the neighbors.

PRODUCTION DESCRIPTION (include applicable items):

- We will be loading in beginning at [hour] on [date], and will load out until [hour] on [date].
- We will leave your neighborhood as we found it: litter and recycling will be handled by [name of contractor]
- During the event hours, we expect between [Low # and High #] attendees per day.
- Streets will be closed or have limited vehicle and/or pedestrian access between the hours of [Time] on [Date] through [Time] on [date.] See the attached map for specifics.
- We will have amplified sound during the hours of [Time start/finish] on [Date].
 - [Describe amplified music, public address, pre-recorded or live music. Outdoors or indoors?]
 - [Include location of amplified music on the map you attach]

We are working closely with the City of Brookhaven to minimize the impacts of the film production. Our goal is to create an enjoyable and positive experience in your neighborhood.

If you or any of the surrounding residents and businesses have questions or comments about impacts of this event, please email us at:

[Contact Name, Title]
[Organization]
[Address]
[Address]
[Email]

**CITY OF BROOKHAVEN SPECIAL EVENT
ACKNOWLEDGEMENT OF TEMPORARY STREET CLOSURE NOTIFICATION**

A temporary street closure has been requested for the following date(s)/time(s) for the streets listed.

Name of Event: _____ Event Type: _____

Event Producer: _____ Phone Number: _____

Closure Start Date/Time: _____

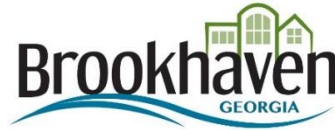
Closure End Date/Time: _____

Street Name(s): _____

By signing below, the undersigned acknowledges receipt of the above Notification of Temporary Street Closure and the associated Street Closure Map.

Date	Name	Address	Signature

Indemnification & Hold Harmless



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Subject to the granting of all permits required by the City of Brookhaven, the City of Brookhaven authorizes

_____ to utilize
(Film Production Permit Applicant)

(Site/Address)

for the purposes of conducting activities described in this film production permit application.

The Film Production Permit Applicant agrees that the City of Brookhaven assumes no responsibility or liability for any defects or other conditions of the site(s), whether the conditions are known or unknown to either party, and/or discoverable by either party. The Film Production Permit Applicant agrees to assume the risk for any and all defects and/or other conditions, whether these defects or other conditions are dangerous and/or whether these defects or other conditions are discoverable by either party, and/or know or unknown to either party.

The Film Production Permit Applicant shall indemnify and hold the City of Brookhaven and its officers, agents, and employees harmless and free from any and all claims, including but not limited to personal injury, property damage, alleged to have arisen or resulted wholly or partially from the exercise of any of the rights granted herein to the Film Production Permit Applicant. This indemnification and hold harmless agreement includes, but is not limited to, the payment of all attorney fees, expenses, costs, judgment, and other expenses which may be incurred by the City of Brookhaven, its officers, agents, or employees as a result of any and all such claims.

Location/Site
Manager's Name: _____
Location/Site
Manager's Signature: _____

Sworn and Attested before me on this _____ day of _____, 20_____.

Notary Signature: _____

Film Production Permit Application Checklist:

- ☐ Completed Application (must be received 1 week in advance of production date if located in residential area; 48 hours in advance for all other locations)
- ☐ Staging Area Plan detailing the following:
 - all property boundaries for production location and base camp
 - location of all existing buildings, structures, parking, and curb cuts permanently located on site
 - location of any proposed temporary structures (e.g. buildings, restroom facilities, waste disposal facilities) including size, type, and entrance(s)/exit(s)
 - vehicle and trailer storage locations
- ☐ First Aid/Medical Support Plan
A First Aid Station is required for events with 500 to 2,000 attendees. An Ambulance (ALS Unit) and First Aid Station is required for events that are between 2,000 and 10,000 attendees. Please contact the Brookhaven Fire Marshal if there are going to be more than 10,000 attendees.
- ☐ Proposed Street/Parking Lot Closure and Traffic Plan
- ☐ Recording Equipment and Sound Amplification Plan
- ☐ Proof of Notification of Neighboring Residences and Businesses
Please provide proof of notification, using attached form, of neighboring residences and businesses surrounding the hub of the event of your intent to host a special event (including any proposed road closures).
- ☐ Business License
- ☐ Proof of Comprehensive Liability Insurance
- ☐ Fee (\$50 plus \$10 per day)

Note: The Film Production Permit shall be issued only to an individual person, the producer. In this case, producer means the person responsible for planning, producing, and conducting the production. Said individual shall be solely and fully responsible for compliance with all provisions of the Film Production Permit.

Staff Use Only		
Application Received:		Permit #:
Event Date(s):		
CD Reviewed By:	CD Review Date:	Approved/Denied
PW Reviewed By:	PW Review Date:	Approved/Denied
PD Reviewed By:	PD Review Date:	Approved/Denied
FM Reviewed By:	FM Review Date:	Approved/Denied
Approved/Denied By:	Approved/Denied Date:	
Application Fee:	Fees Paid Date:	
Process Completed:	Permit Expiration Date:	